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"NATURE IN DISEASE"—A REVIEW.*

[Communicated for the Boston Medical and Surgical Journal.]

THOSE who have recently entered the profession can hardly realize the great change that has taken place within the last twenty years not only in the investigation and treatment of diseases, but in the ordinary conversations of physicians among themselves and with their patrons, on such and kindred subjects. Then it was often, nay usually, proposed to arrest a pneumonia by repeated venesections to syncope—to "break up" a typhoid by violent emetico-cathartics, to reduce it by "drivers," or to "cure" it by a "course of medicine" persisted in "until the gums be slightly touched"—or to arrest a phthisical diathesis by the combined forces of all these agents, aided by often-repeated vesications and the more enduring effects of antimonial plasters. Then were frequently repeated the terms "jugulation," "tolerance," "mild salivation," and the like. Then and previously a disease rarely arrived at its termination without the issue, if successful, being attributed to the fortunate and opportune employment of some appropriate drug, or, if fatal, to the unaccountable omission or failure of remedies. The idea that a disease could in any case be safely left to itself without the daily interference of art, was too preposterous to be entertained for a moment. Such a suggestion would have subjected its author to the imputation of indifference to human life, or of ignorance of the undisputed and supposed indisputable remedial effects of certain medical agents. Such is a faint intimation of the state of things in the profession, when Dr. Bigelow, in 1835, delivered the address on what he, for the first time, styled "self-limited diseases"; and which forms the first paper in the volume before us. By a self-limited disease he "would be understood to express one which receives limits from its own nature, and not from foreign influences; one which, after it has obtained foot-hold in the system, cannot, in the present state of our knowledge, be eradicated, or abridged, by art—but to which there is due a succession of processes, to be com-

* NATURE IN DISEASE—Illustrated in various Discourses and Essays. To which are added miscellaneous writings, chiefly on medical subjects. By Jacob Bigelow, M.D., Physician and Lecturer on Clinical Medicine in the Massachusetts General Hospital; Professor of Materia Medica in Harvard University; President of the American Academy of Arts and Sciences; and late President of the Massachusetts Medical Society. Boston:—Ticknor & Fields. 1854. 12mo., pp. 391.

pleted in a certain time; which time and processes may vary with the constitution and condition of the patient, and may tend to death, or to recovery, but are not known to be shortened, or greatly changed, by medical treatment."

To the maintenance and illustration of this statement Dr. Bigelow brings an array of facts which cannot be gainsaid; and supports them with such irresistible reasoning that the conclusion, though it does "not flatter our professional pride, nor attest the infallibility of our art," is inevitable. In his list Dr. Bigelow enumerates several diseases which up to the hour of his discourse were considered by the mass of the profession as unquestionably within the power of art to modify and to arrest. To this list others might with propriety be added. Indeed it would perhaps be more difficult to show conclusively which of the acute diseases, so-called, may be always excluded from such a category.

For those who still strive to arrive at other conclusions, or who too readily incline to attribute a peculiar efficacy to any favorite treatment, or to any particular agent which may be at the moment much lauded and popular, we quote the following sentences from the address, the whole of which is worthy of being committed to memory not only by every young practitioner, but by many experienced ones.

"Nothing can be more illogical, than to draw our general conclusions, as we are sometimes too apt to do, from the results of insulated and remarkable cases; for such cases may be found in support of any extravagance in medicine; and if there is any point in which the vulgar differ from the judicious part of the profession, it is in drawing premature and sweeping conclusions, from scanty premises of this kind. Moreover, it is in many cases not less illogical to attribute the removal of diseases, or even of their troublesome symptoms, to the means which have been most recently employed. It is a common error to infer that things which are consecutive in the order of time, have necessarily the relation of cause and effect. It often happens that the last remedy used, bears off the credit of having removed an obstruction, or cured a disease, whereas, in fact, the result may have been owing to the first remedy employed, or to the joint effect of all the remedies, or to the act of nature uninfluenced by any of the remedies"—or, as he might have added, sometimes in spite of all of them.

The delivery of this address produced a marked effect on the audience assembled, consisting of medical gentlemen from all parts of the State. Its publication by the Society placed it on the table of every regular physician of the Commonwealth, and within the reach of most educated men. It was largely quoted by the medical and other journals of the day, and has formed the substratum and leading idea of many other medical addresses in this vicinity and elsewhere, and tended greatly to produce the change of opinion alluded to in the commencement of this article. Its influence on the profession and the community cannot easily be overstated, and we fully endorse the remarks of Dr. John Jeffries in his address before the Suffolk District Medical Society.

"I am sure," says Dr. Jeffries, "that I am within the bounds of conceded fact, when I say it had a most powerful influence on the

Fellows of the Society; nor do I think I should exceed those bounds if I should say, that on no occasion of a public medical address in this city, was a greater good ever effected. Original in thought, simple and lucid in construction, enclosing an extensive field, it exhibited distinctly the important truth, that over some diseases medicines had no control; and that they had no power, with a large class, to arrest or cut off morbid action. It led to a careful examination of the efficacy of remedies hitherto relied upon, and to a distrust of whatever was hypothetical. It took from under them the foundations on which some physicians rested; and induced all to scrutinize more fully the ground on which they stood. It was happily conceived, ably executed, and produced at a most propitious time."

In the four following papers—On the Treatment of Disease; Practical Views of Medical Education; Report on Homœopathy; On the Medical Profession and Quackery; Dr. Bigelow further developes his views of self-limited diseases, and gives some of the results of his *accurate* investigations and enlarged experience.

In the first of these papers, the Discourse on the Treatment of Disease, he defines medicine to be "the art of understanding diseases, and of curing or relieving them when possible," and goes on to show that "*he is a great physician who, above other men, understands diagnosis.*" It were well for the community and the profession also if these positions were better understood and acted upon. It is too apt to be the case, now less than formerly, perhaps, that he is popularly considered the greatest doctor who has the readiest facility in multiplying remedies and in enlarging on their wonderful effects. But any simpleton may prescribe for symptoms, while it may require great skill to unravel the mysteries of disease, and much learning and experience to understand its natural history and tendencies.

"Medicine is a great good and an unquestionable blessing to mankind, when it is administered by discriminating and intelligent hands with sincerity and good judgment," * * * * but "the agents which we oppose to the progress of disease, may, by excessive or ill-timed application, become themselves the pregnant sources of disease. Every prudent practitioner is bound to consider the effect and tendency of the remedy he is using, and to inquire whether the means employed to counteract the existing disease, are not, in their turn, likely to produce evil to the patient; and, if so, whether the evil will be greater or less than the disease for which they are administered."

Dr. Bigelow divides diseases into "curable diseases" (more properly perhaps called disorder, or disturbed functions), "the temporarily self-limited, and the incurable," and having given some very appropriate cautions against hastily inferring that the recovery from any one of the first two classes is in the particular case necessarily the result of a favorite remedy, however remarkably this recovery may seem to have followed the administration of the agent, concludes the lecture in the following words, which should be pondered well by every honest and high-minded practitioner.

"The dignity of our science, and the responsibility of our profession,

require that we should form just views of the extent of our capacity and duty, and that we should not shrink from avowing them to the world. Our science, imperfect as it is, has achieved as much as any similar science for the prevention, alleviation and removal of the evils which it combats. Let us not bring it into disrepute, by pretending to impossibilities, by asserting what cannot be proved, and by professing what human art is unable to accomplish. A new era will dawn upon medicine when its faithful and enlightened cultivators shall more constantly devote their time and their efforts to enlighten the public mind in regard to the true mission and powers of their science; and when they shall leave to charlatans and fanatics, the doubtful and dishonest game of unfounded professional pretension."

The Essay on Medical Education was intended to counteract the notion then beginning to be prevalent in some quarters, that long courses of lectures were more important to students than "active inquiry and rigid, methodical, self-regulating study." It deprecates exaggeration and display in medical teachings. It points out the true principles on which judicious courses of lectures should be founded, and the studies of students regulated.

"The subjects most important to be taught in medical schools, are the elementary principles which constitute the frame-work of medical sciences, and the mode of thought and inquiry which leads to just reasoning upon them. After these, most attention should be given to selecting and enforcing such practical truths, as will most certainly be wanted by the young practitioner, in his future career of responsibility."

It is but an act of simple justice to add that such soundness has ever characterized, in an eminent degree, the public teachings of the Faculty by whose vote the paper was published. As an humbler pupil we can readily aspire to a full sympathy with Dr. Jeffries when he says, "I proclaim it, with a proud emphasis, that the Boston Medical School has been, for these last thirty years, remarkably free from theories that were untenable, or teachings that were uncertain or unsound. I do not utter this under the pressure of the official toga, which I have never worn; but I record it as a tribute of a grateful pupil. I thank my instructors that I was not early indoctrinated in error or enlisted to do battle for the theories of a party."

The Report on Homœopathy was occasioned by an attempt on the part of some of the members of the Massachusetts Medical Society to involve the government of that Society in a war of expulsion of certain members, who were infatuated enough to believe in, or unscrupulous enough, though unbelieving, to pretend to believe and to practise, the absurd doctrines of Hahnemann. The committee, through Dr. Bigelow, report—

"That the Massachusetts Medical Society was incorporated mainly for the purpose of establishing a proper standard of medical education, and of insuring a competent degree of knowledge among those who should be authorized to practise the profession of medicine in this Commonwealth, and they are not aware that the Society possess any power to coerce men, after they have been thus educated and qualified, to embrace or renounce any theoretical opinions, or modes of practice, which they may

innocently believe, or which, not believing, they may think it proper to profess."

Here is the whole matter in a nut-shell, so far as the Society is concerned. The Society may set its standard as high as it pleases, may subject its applicants to the severest examinations, but it has no power, even if it were just and expedient, to put any restraint on its members, when admitted, in their methods of practice or of administering remedies; or to say how much or how little may be given without injuring one's claim to orthodoxy. With utter disbelief in its theories and thorough contempt for its pretensions, many of the strongest men in the profession would nevertheless prefer its practice, on the ground of humanity if on no other, to that incessant and reckless over-medication usually denominated heroic. Never was a misnomer more fruitful of evil. The fool-hardihood wrapt up in that specious phrase "heroic treatment" has slain more than the sword or the pestilence. Many years before the introduction of homœopathy, this alarming evil had been resisted to the utmost by many judicious practitioners. The address on self-limited diseases had paved the way for a better appreciation of the powers of medicine and the duties of a good physician. But it needed, perhaps, some equally extravagant method of a diametrically opposite character to the mis-called heroic, and one, too, which should sometimes bear off the pecuniary prizes, to assist in staying the progress of over-medication, and in doing the work of reforming that system of practice. Such a method of treatment is now having its run, and when it shall have accomplished whatever of good it may in this respect, it will pass into oblivion, leaving some of the amplest proofs that many diseases may be recovered from when under judicious nursing they are left to nature alone, undisturbed by active medical interference. Let those who wonder at the spread of homœopathy, and wish to check its inroads by persecuting its advocates, listen to the remarks of Dr. Bigelow on this subject and learn wisdom.

"It is not only to expectant medicine, in the form of its counterfeit, homœopathy, that the censure of prejudice and credulity is to be attached. The opposite system of active practice, carried to the extreme usually called heroic, is alike chargeable with evil to the patient, whenever it becomes the absorbing and exclusive course of the practitioner. Physicians are too often led to exaggerate the usefulness of the doctrines in which they have been educated, and especially of those by the exercise of which they obtain their daily bread. In such cases habit gets the ascendancy over enlightened judgment, and the man of routine, or of narrow views, asks himself, from day to day, what drug or what appliance he shall next resort to, instead of asking the more important question, whether any drug or any appliance is called for, or is properly admissible in the case."

"It is quite probable that the prevalence, at times, of eccentric and ultra-sectarian doctrines in medicine is attributable to the exaggerated value attached by physicians themselves to incessant activity in practice, and an assumption of credit for particular modes of medication, to which, as such, they are not entitled. There is often a want of openness in the

intercourse of physicians, both enlightened and ignorant, with their patients, who are requested to believe that their cure depends not in any degree on the salutary influence of nature and time, but in the rigid enforcement of a prescribed routine of practice, either active or formal, as the case may be. And when opposite modes of treatment are urged upon the public by different practitioners with reasonings equally specious, it is not surprising that patients should sometimes adopt that which is least troublesome in its operation. Neither is it surprising that they should sometimes embrace even a deception, which absolves them from their allegiance to an unnecessarily severe or troublesome course of treatment."

In the next paper, an Introductory Lecture to Medical Students, are given many useful hints on the best employment of time during professional pupilage, on the duties every medical man owes to himself, to his competitors, and to his patients; with some practical suggestions on empiricism and quackery, those immemorial plagues of the regular profession, or rather of the more unsuccessful and disappointed members of it. We commend the whole lecture to the attentive perusal of those who feel particularly aggrieved at the success of marauders, with the single remark that it will be a happy day for the profession when its regular members shall assiduously attend to the legitimate business of improving themselves and elevating their calling, leaving the charlatan and adventurer to descend unmolested to the obscurity that ultimately awaits them. When it shall have risen so high above empiricism and pretension as to ignore their very existence, then, and then only, will the medical art have attained to its true elevation and dignity.

We have thus passed hastily in review some of the leading topics of the first five papers. These discourses on their delivery and first publication made a great and permanent impression on the profession and the community, and are destined still to exert an abiding influence for good on the progress of rational medicine here and elsewhere. The space we have given to their consideration leaves but little opportunity, at this time, to glance at the many varied and important subjects discussed in the other chapters of the volume before us. We must content ourselves by saying that for models of dispassionate discussion of the natural history of disease and the value of various remedies and modes of treatment, we would refer to the chapters on "Gout and its Treatment," on "The Treatment of Injuries occasioned by Fire and other Heated Substances," and on "The Mucuna Pruriens." The same accuracy and discrimination may be seen in the sections on "The Poisonous Effects of the American Partridge," on "Coffee and Tea," on "The Action of Cochituate Water on Lead Pipes," and in that on "The History and Use of Tobacco." One may seek in vain for more remarkable instances of acute observation or ingenious and successful experimentation than those detailed in the chapter on "Pneumothorax;" while in that on "The Pharmacopœia of the United States," and on "The Early History of Medicine," we have examples of correct analysis and liberal criticism.

In a note to the Lecture on "The Burial of the Dead," we are glad to see that Dr. Bigelow has at length been willing to avow, what was

indeed well known before by those who had watched the enterprise from the beginning, that "the project of Mt. Auburn was originally conceived, the preparatory meetings called, the land selected and engaged, and the larger public structures, the gate, chapel, tower and iron fence designed, by himself at different times." This pre-eminently successful undertaking will ever remain a monument to his public spirit and taste more enduring than marble, more lasting than brass.

The address delivered before the American Academy of Arts and Sciences forms the concluding paper of the volume, and is well worthy of the distinguished reputation of the present head of one of the highest scientific bodies in the country.

In bringing these hurried remarks to a close, we cannot refrain from expressing the conviction that the community as well as the profession owe a debt of gratitude to Dr. Bigelow for again bringing within their reach these valuable papers, which have already produced and are still destined to exercise a great and salutary influence on the thinking mind of the age.

B. E. C.

LECTURES OF M. VALLEIX ON DISPLACEMENTS OF THE UTERUS.

TRANSLATED FROM THE FRENCH BY L. PARKS, JR., M.D.

NUMBER XVI.

INTRODUCTION *of the Intra-uterine Pessary.*—The jointed stem-pessary which I have just described to you, is to be introduced into the uterus in the same way as a straight sound. Previously to its introduction it should be opened in such a manner that the uterine stem and the disc which support it may form a straight line with the vaginal stem. As this part of the apparatus is not of sufficient length to be easily manœuvred, a handle for introduction—nearly straight—is used. This handle penetrates into the cavity of the vaginal stem, and on being withdrawn, gives place to the frame-work. As the vaginal stem forms a slight curve, with its concavity upwards—a point which I did not feel called upon to mention in the description—the handle for introduction presents an analogous curve in the opposite direction, which corrects the first, and gives to the whole the form not of a straight line, but of an elongated S, with its two curvatures considerably flattened.

The instrument thus arranged is applied, I repeat, as though it were a straight sound, the same difficulties being encountered as in the introduction of the latter instrument, and being surmounted by using the same precautions. (See page 35 *et seq.*) When the stem has penetrated entirely into the uterine cavity, the finger, which has been retained in the vagina to serve as a guide to the instrument, feels the cervix touch the disc to which it is directly applied. It is at this moment that we must establish the flexion between the two stems, and for this purpose it suffices to direct upward, and at the same time push backward, the handle, which carries with it the vaginal stem. But, as at the moment when the spring comes into play, the mucous membrane of the posterior culde-sac of the vagina may be wounded, or at least pinched, so as to cause

pain, it is necessary to take care to keep that membrane clear by depressing it with the finger.

This done, we see the vaginal stem (which appears at the vulva to be dragged towards the fourchette in cases of displacement forward) towards the clitoris in those of displacement backward, in consequence of the movement in the opposite direction which the body of the womb gives to the uterine stem, tending as that organ does by virtue of its weight to re-assume its vicious position. In a few cases, even, especially in those of retroversion, the uterus being considerably engorged, is sufficiently bulky and heavy to afford ground for apprehension that the superior wall of the vagina may be wounded by the pressure of the free extremity of the vaginal stem, or that this stem may press upward under the pubis, in such a manner that it may be difficult to reach it, for the purpose of adjusting the frame-work. It will be easy to obviate these inconveniences by keeping possession of the stem, while the handle is withdrawn to give place to the frame-work, a single finger being sufficient to retain it.

The frame-work being once in place, the two pieces of the apparatus are united by tying upon the lower part of the frame-work the two ends of the thread which had previously been passed through the hole in the vaginal stem. It is sufficient to tie the two pieces firmly enough to prevent them from separating, but an adequate amount of play should be left that no part may be injured. The whole is then fastened around the body by means of the superior cords serving as a girdle. The bands are drawn tightly, in case of anterior displacement, moderately in case of displacement backward—you comprehend with what object in view. Owing to the firm union of the two parts of the apparatus, the uterine stem is moved together with the frame-work, and as the one is parallel to the other, their movements correspond in direction. If, then, you apply the frame-work firmly against the abdominal wall, you proportionably throw backward the stem, which carries with it the womb;—and there is every reason to exaggerate this movement backward to combat a displacement forward. This is why we bind firmly the girdle, to which are attached the perineal bands.

In the displacement backward, on the contrary, there is every advantage in bringing the body of the uterus as far as possible forward, at the same time pushing the cervix backward. It is necessary, then, to advance the frame-work from the abdominal wall. This is accomplished by drawing the girdle with but moderate tightness, and on the contrary tightening quite firmly the perineal bands which are attached to the frame-work itself in order to bring the latter downward and forward.

The stem-pessary should only be applied when the sound shall have been employed long enough to show that the latter is insufficient for the treatment, or in those cases in which the uterus has so great a tendency to resume its vicious situation that it falls back immediately after having been raised by the sound. You have not forgotten that we had one anteversion (Case V.) and several retroflexions cured, or nearly so, by the passage of the sound alone—a fact which is sufficient to lead us to persevere longer in the employment of this instrument.

In all cases, the instrument should be applied at a considerable distance of time from the menstrual period—no less than four or five days after the disappearance, and from seven to eight days at least before* the appearance of the menses; for it would involve the inconvenience either of bringing on alarming hemorrhage, and perhaps of provoking inflammation of the uterus if the menstrual flow were too recent, or of hastening that flow if its regular epoch were near at hand. In all cases, if any of these slight accidents should supervene, it would be necessary to remove the instrument. I have seen cases, rare, it is true, in which it could remain but twenty-four or thirty-six hours, because it brought on the menses from ten to twelve days in advance. It was especially upon the first application that this took place, for, at the subsequent ones, its action was less evident.

This hastening of the menses, and the slight attacks of metrorrhagia, provoked by the intra-uterine stem-pessary, are among the principal obstacles to the treatment, and you have seen (Case IV.) what perseverance it required to surmount them. In the women, in whom, for one cause or another, menstruation was suspended, the stem was borne much longer. (Cases XVIII., XIX.)

Its application produces the same immediate effects as that of the sound—that is to say, during three, four or five hours the women experience uterine tormina, intermitting from time to time, soon to return. The tormina re-appear (though less severe) the next day, or for several succeeding days, to cease afterwards completely, until, returning anew—more intense and more frequent—after having been now and then succeeded by general *malaise*, with wandering pains in the limbs, they indicate the approach of the menses, and the moment when the stem-pessary should be removed.

Length of the Intra-uterine Stem.—The precaution of the first importance in the success of the treatment is to introduce into the uterus a stem so short that its extremity may not tend to impinge upon the fundus of the organ. This is the reason why I have recommended to you to take with the sound the measure of the uterine cavity, in order that you may give to the instrument a length less than that of this cavity.

From what takes place when the extremity of the sound happens to impinge, even accidentally, upon the uterine walls, you can judge what troubles would be provoked by the constant contact of a stem of too great length constantly pressing upon this same wall. Independently of insupportable and constant pains, there would be metrorrhagia and even inflammation. In one case such accidents forced me to remove a stem-pessary, the stem of which was six centimetres in length. I caused it to be reduced to five centimetres, and it was not only well borne, but also procured a prompt and solid cure.

At the present time, I do not content myself, as at first, with giving to the stem a length less by from five to ten centimetres only, than the depth of the uterine cavity; I lay it down as a general rule that "this stem should be as short as possible." In the cases of simple version

* We suppose the author means to say that the instrument should be *withdrawn* seven to eight days before the menstrual period.—TRANS.

without flexion, if the tissue of the uterus is resistant—not softened—it will be sufficient in order to make the organ swing completely over, for the stem to penetrate beyond the internal orifice. The body ought to follow in the opposite direction the movement given to the cervix, since a solid and firm organ, though hollow, should be displaced *in toto* when a movement is communicated to one of its extremities. Then with a stem of from four to five centimetres at most, one will always succeed in raising the womb while making sure never to come in contact with its superior wall. In the cases of flexion, matters are not the same as with simple versions. Meanwhile, to retain the organ re-placed, it is enough for the stem to pass a centimetre beyond the point of flexion, which is found almost always at the level of or below the junction of the cervix with the body. Consequently, the stem has no need of being longer than for simple versions.

I dwell much upon this necessity of shortening the uterine stems, because if you do not attend to it you will have at least the disagreeable consciousness of causing your patients a considerable degree of pain, which it would have been easy to have spared them. And many among them—those especially who have been induced only with great difficulty to submit to the treatment, and after numerous solicitations on the part of their families—would hasten to make a pretext of these violent tormina, experienced at the outset, for abandoning it completely before having derived from it any advantage. But if, on the contrary, the stem is just long enough to sustain the uterus without reaching its fundus, they will experience immediate alleviation, and will show themselves afterwards very docile in submitting to all your prescriptions.

Epoch at which the Stem-pessary should be removed.—The patient, while wearing the stem-pessary, should be watched very carefully, and be seen every day, at least during the first part of the time that it is *in situ*.

It is important to make sure that the instrument is not displaced. Some—very untractable—untie the ligatures; and when they tie them again, the stem which, during a movement, has emerged from the uterus, remains in the vagina, the walls of which it may wound. Others, under the pretext of re-placing the perineal bands (because soiled with blood or mucosity) with clean ones, at the same time cut the thread which holds together the two pieces of the apparatus, which last may then separate and contuse the vagina. When this is the case, the stem-pessary should immediately be re-applied, and more firm union be effected in a suitable manner.

Again, it is necessary always on the first appearance of any febrile symptom whatever, to hasten to remove the instrument altogether, even in opposition to the wishes of the patients, who having already experienced relief may desire to retain it longer. But this point should never be yielded, for, it is important in the course of an intercurrent affection, even a slight one, to relieve the uterus from this foreign body, which inducing a certain degree of irritation, may on its part occasion symptoms of inflammation.

I thus, as a general rule, remove the stem-pessary *when the menses set*

in, which you are aware may be hastened by its presence. Prof. Simpson leaves it in place during the menstrual period, and reports a case in which he allowed it to remain for ten consecutive months. In a letter which I received from him, he informs me that one of his patients has now retained it for ***more than three years***, being unwilling to permit its removal, so much does she fear that the symptoms which have disappeared during its use, will re-appear when the uterus shall be abandoned to itself. But, on the other hand, you have seen that though leaving it *in situ* a much shorter time we have obtained excellent results, and on the other hand the occurrence of accidents has been mentioned in cases in which the stem pessary has remained too long. For my part, I have sometimes witnessed the occurrence of very severe pains, and of anemia, following upon a very abundant and prolonged menstrual flow, when I have attempted to leave the stem-pessary in place. Thus at the present time I have judged it more prudent, except in some cases in which it produces no trouble, to remove it, with the intention of re-placing it at a later period, if there should be no objection.

Finally, when the patients have worn the stem-pessary for a certain length of time, the moment ordinarily arrives, when, after having enjoyed perfect health, they are seized with uterine tormina more or less severe and frequent—with pains extending into the loins—sometimes with general painful lassitude (*courbature*), and a slight feeling of tension in the abdomen. The stem-pessary should then be removed, for either menstruation is coming on, and it may be necessary to re-place it at a subsequent period ; or else the menses are not about to appear ; and then these symptoms indicate that the presence of the instrument has brought about in the uterus an action favorable to the cure. I do not think, in fact, that the uterus maintains itself in its proper place only because it has been put there, but because the uterine stem while sojourning in its cavity has excited in its walls a stimulating influence, susceptible of modifying the vitality of the tissues.

It is known that the susceptibility of the uterus is much greater at the approach of the menses than during the intervals that separate them. Thus, those women who, from some cause or other, do not menstruate, support the instrument much longer than others. I have seen it remain in place with them forty-eight and forty-nine days, while the usual term is eight and ten days, and while sometimes it could be supported only twenty-four or thirty-six hours. However this may be, I am confident that to secure recovery, it is only necessary to await the manifestation of the above symptoms, whether they arrive at the end of twenty-four hours or fifty days; for, let me tell you, that the duration of the sojourn of the instrument had no further influence than that, and the recoveries taking place after twenty-four or thirty-six hours, are quite as solid and quite as exempt from relapse as those which were obtained after a much longer time.

Influence of the Treatment in the Different Cases.—As a general proposition, the influence of the treatment is much more marked, as I said in speaking of the ***prognosis***, in the cases of flexion, than in those of complete version, and in the backward than in the forward displacements.

State of the Uterus after Re-placement.—It must not be hoped, gentlemen, that in all women cured of displacement you will find the uterus at once in the same state of integrity as if it had never been affected with this lesion. You know already that there often remains a certain depression, or a fold projecting at the point where the flexion existed. I have explained to you, when speaking of anteflexion, the formation of this fold in consequence of the sinking of the thinner wall at the corresponding point. The point essential to complete recovery is that the axis of the organ no longer deviate wholly or in part from the direction of the axis of the brim. Meanwhile, recovery may sometimes be considered complete without the correspondence of these two axes. After anteversion especially it will frequently occur to you to find still a slight inclination of the uterus, after the disappearance of all the symptoms produced by the displacement. I have seen physicians who, in such cases, expressed themselves not at all satisfied with the result obtained, although the patients were in a state of perfect health and could take long walks without fatigue, whilst previously they were in a state of great suffering, and could with difficulty walk a few steps in a stooping attitude. It is incontestable, however, that a certain degree of inclination is perfectly compatible with health; and we should consider ourselves fortunate when we have placed the uterus in such a position that there are no longer any symptoms.

The fear might be entertained that in this position the uterus would have a greater tendency to be displaced anew in the same direction. But the facts do not justify this fear.

I have seen several women in whom the uterus is placed in this oblique position, and is there perfectly well maintained. I believe that from the moment when it is so raised as to relieve the symptoms, there takes place in the broad ligaments previously subjected to traction, a certain action which restores their tonicity, and permits them thus to maintain the uterus perfectly well in the situation it occupies.

But this is not all. The time then arrives for the consolidation of the cure, for, little by little, the organ becomes less bulky, in consequence of the disappearance of the engorgement of which it was the seat. Then the uterus becoming lighter re-ascends to the place which it ought normally to occupy, and there no longer remains any trace of uterine lesion. The diminution in the size of the uterus under the influence of its new position takes place quite rapidly. But in the cases in which the engorgement was very considerable, there were necessary, four, five and six months to obtain this so desirable result. The proof, however, that in this case the cure is quite real, is the cessation of the pains and of all other symptoms, general or functional, by which the malady previously manifested itself.

I wish also to call your attention to a particular circumstance which presented itself twice to my observation. In two cases of anteversion with considerable engorgement, the uterus being heavy and bulky, the intestinal symptoms due to the compression of the rectum by the uterine neck were not only not diminished, but even augmented after the replacement began to be obtained with the instrument. This was because

in these cases the first symptoms were produced by the simple pressure of the voluminous cervix upon the anterior wall of the rectum, whilst afterwards the uterus not being completely replaced, but occupying an oblique direction, nearly intermediate between the horizontal and its normal direction, the cervix, under the weight of the organ, pressed no longer transversely but obliquely with all this weight upon the lower part of the rectum. In these cases, the application of a stem pessary with a short stem, the frame-work being firmly fixed against the abdominal wall, in order to bring the cervix forward, was sufficient to effect immediate relief, especially marked during the sojourn of the instrument. One of these patients is cured, the other being still under treatment; and after each application of the instrument, a greater amelioration is ascertained to have taken place, with a disappearance more and more marked of the pain, and with diminution of the bulk of the uterus.

Previous Treatment.—The patients whom we have attended had already undergone without effect numerous and various forms of treatment, with which I will soon make you acquainted. Several had been subjected to the abstraction of blood. Numerous sanguineous evacuations, general and local, had been practised upon them without modifying at all the state of the uterus. I know not what influence these losses of blood may have had upon the surrounding tissues, but as to the displacement itself in these cases it underwent no change.

I have made known to you the numerous errors of diagnosis committed in certain cases before the displacement was definitely recognized. In these cases the treatment was naturally directed against diseases which were believed to exist—and that without effect. Many have taken preparations of iron to combat symptoms of anemia. It is proper to remark especially that almost all had been cauterized several times, whether they presented slight granulations of the cervix or only engorgement. Under the influence of these cauterizations there had been momentary relief, especially during the employment of the treatment. But as soon as the patients re-commenced their occupations, and especially walked a little, the pains re-appeared as intense as before, if not more so, for it is a part of the very nature of the malady to go on increasing.

Besides, it has happened almost always that when the cauterizations were employed for excoriations—ulcerations—granulations of the cervix, they with difficulty triumphed over these diseases, and it was necessary to employ them for a long time, whilst after the re-placement of the uterus a few cauterizations sufficed to cause the disappearance of very extensive ulcerations which had previously shown themselves very rebellious.

Finally, as in many cases, the depression only of the uterus had been observed, all the symptoms having been attributed to this, and no account having been made of the displacement [change of direction of the axis], pessaries of diverse forms [not intra-uterine] had been employed and had sometimes procured relief—often had exasperated the pains—never had produced recovery.

Auxiliary Remedies.—But I will not dwell upon these methods of treatment, but will glance very rapidly at those I have employed as aux-

iliary in the course of my ordinary treatment, which, however, has been used by itself in the larger number of cases. In the others we have most often had recourse to these accessory measures only to combat particular symptoms supervening ordinarily during the treatment, and when it had aleady commenced to show its efficacy.

Iron was directed against anemia, whether it had preceded or followed the employment of the stem-pessary. In cases of debility—of atony—I recommended cold lotions. I prescribed sedatives, externally and internally, a succession of blisters with or without morphine, to combat certain neuralgic pains. Laxatives—gentle purgatives—were given when there was constipation. These modes of treatment, you perceive, could have no direct action upon the displacement itself.

I well know that latterly a few cases of cure by hydrotheraphy have been cited, but in these cases the treatment was not confined to simple cold lotions, but consisted also of injections per vaginam or per rectum, or of douches upon divers points of the walls of the abdomen and of the pelvis. One would not naturally suppose that these douches acting, directly, would have a degree of energy very different from that of simple lotions, employed, too, as they were, most often, at the end of the treatment by the stem-pessary, and when that instrument alone had already produced considerable amelioration.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 22, 1854.

American Medical Association's Transactions.—The seventh volume has been added to the series of transactions of our great national society of scientific physicians. They form a valuable collection of treatises and reports. From the character of the men who have been prominent in this Association, no very inferior articles would have been likely to appear in the pages of its Transactions. We can appeal proudly to the contents of the volumes now fairly before the medical world, as honorable evidence of the industry, research and professional attainments of American physicians. It happens in most societies, that ambitious individuals make use of their connection with others, as the means of giving themselves a prominence before the great outside public, and appear as authors, at the expense of their associates. In this Association there has been no room for trickery of this kind. The plan adopted from the beginning, in respect to the publishing of reports and contributions, subjects each and all articles to a scrutiny sufficiently active to prevent little men from magnifying their own importance. Notwithstanding the value of these volumes, it happens very singularly that their publication is subjected to an immense amount of friction. Each volume goes hard through the press, and the money comes reluctantly from the pockets of the craft, to pay for it. Who can divine a cure for this mortifying state of things? There is either a screw loose, or a screw wanting, and it ought to be determined which, forthwith.

In regard to the contents of the volume before us, the seventh, we consider it fully equal to either of its predecessors. The prize essay, "On a new

mode of treating ununited fractures, and certain deformities of the osseous system," by David Brainard, M.D., of Chicago, is, in our opinion, the gem of the book, as a practical, every-day guide. The report on the "Epidemics of Louisiana, Mississippi, Arkansas and Texas, in 1853," by E. D. Fenner, M.D., of New Orleans, is a learned dissertation, and abounds with statistical facts of the highest value to the future medical historian. Of the rare abilities of the author, and his familiarity with any and every subject connected with his profession, no one ever thought of expressing a doubt. As the Transactions are widely distributed over the country, it is unnecessary to particularize minutely the more valuable portions of the contents.

European Institutions for the Blind.—Dr. Dunglison, of Philadelphia, who is known to every one even remotely connected with medicine, was requested by the Board of Managers of the Pennsylvania Institution for the Education of the Blind, to examine the different institutions abroad. He was then making preparations, it seems, for revisiting his father-land, being an Englishman by birth. The pamphlet published by order of the Board, on Dr. Dunglison's return, embraces the results of his examinations. All and everything belonging to the European system of teaching the blind, has been industriously collected by the author, and arranged in a clear and proper light. For physicians in general, the record has no special interest beyond that which is shared in common with other philanthropists. The relations are curious, and we can testify to the correctness of the descriptions, from having visited some of the same institutions.

Recollections of Europe.—When Prof. Dunglison, of the Jefferson Medical College, delivered his opening lecture for the season, in October, he took for a topic, *Recollections of Europe.* As mentioned in another place, the Professor was originally from England, but took up his residence many years since, in Virginia, and subsequently accepted a chair in the college with which his name has for a long while been associated. His return home to revisit the scenes of early life, must certainly have contributed materials for pleasant reflection, and has afforded themes for an introductory which abounds in recitals, and cannot fail to be extensively read. Others may have witnessed the same sights, passed through scenes nearly identical, and known the men whose names are recorded in these Recollections; but it requires no ordinary tact so to relate what one has seen and heard, as to be both instructive and agreeable at the same time. Prof. Dunglison possesses this tact. Those who have an opportunity to read the Recollections, will acknowledge that they have enjoyed a real entertainment.

Rhode Island Registration.—Under the direction of the Secretary of State, a return of the births, marriages and deaths in Rhode Island, for the last year, has been published, and similar reports are hereafter to appear annually. Thomas H. Webb, M.D., of Boston, formerly of Providence, a man remarkably fitted, by a long course of literary training, for a labor of this kind, which requires patience, medical knowledge and literary accuracy, prepared the work. It is both a monument of Dr. W.'s qualifications, and of the care of Rhode Island to preserve statistical facts, so essential to the advancement of society. Dr. Mauran, of Providence, Chairman of the Committee of the Medical Society, to whom the people are indebted for the

action by the legislature which has resulted in this report, has our thanks, at least, for placing the returns in the competent hands of Dr. Webb.

Hamilton County Lunatic Asylum.—A farm was purchased, some years since, for the home of lunatics, not far from Cincinnati, Ohio, in the above-named county, and suitable buildings erected thereon. From the statements in the report now before us, the whole establishment appears to be in a satisfactory condition. It was first opened in 1853, and the whole number of patients received since, is 77 males and 76 females.

Nature in Disease.—An excellent book has just come from the press, written by Jacob Bigelow, M.D., of this city, a gentleman of great distinction and authority in whatever belongs to the science of medicine. A correspondent in the Journal, to-day, writes so fully respecting it, that we need at present say nothing in addition.

Massachusetts General Hospital.—The Trustees of this Institution have it in contemplation, as we learn, to enlarge the building, by adding another story to it. More room is needed, and the addition of another story will be an ornament as well as a great improvement. We would suggest to the Trustees, that they also take into consideration the expediency of removing the old, unsightly board fence which surrounds the Hospital, and replace it by one made of iron, which would be both substantial and ornamental.

Sanitary Police in Cities.—Dr. Griscom, of New York, in his address before the Academy of Medicine in that city, said of the sanitary police of New York, which is composed of twenty-nine men, that not more than one of them could distinguish incipient smallpox from the effects of a musquito bite. We know not how much of exaggeration there may have been in this remark; but it is certain that a majority of a board of health, or sanitary police, should be well-educated medical men.

Alleged Restoration to Life after long Freezing.—A very ridiculous paragraph is going the rounds of the newspaper press, setting forth that the scientific men of France are speculating, just now, on the recent instance of a young man being brought to life after having been *frozen eleven months* on the Alps. It is said the warm blood of a living man was infused into the veins of the frozen youth, and he immediately thereafter moved and spoke. The experiment was afterwards tried on a hare frozen for the purpose, and similar results followed (with the exception, we presume, of the hare not speaking!). The story may be partially true, and it can be perceived how easily the condition and results of the case may have been magnified. Such instances are frequent. It is quite common for people to tell of certain doctors taking out the eyes of a patient and laying them on the cheek, while they are doing some remarkable operation upon them. Others will swear that they saw a doctor put a piece of silver in the skull after the removal of bone by the trephine. It is one of the inherent propensities of human nature to exaggerate exploits of this kind, and to believe in things which they are ignorant of, particularly if they savor of marvellousness.

Terrible Ravages of the Cholera.—Advices from Sicily furnish us with intelligence that the cholera was making frightful havoc at Messina, taking off from eight to eleven hundred a day. The disease, it is said, extends even to animals—mules, cats and dogs dropping dead in the streets. But the worst feature in the case as reported, is, that the physicians had become alarmed, and fled the city, so that the government were obliged to issue a proclamation calling for medical volunteers from the neighboring cities, and guaranteeing payment to them. The whole numbee of deaths at Palermo, up to the 26th of September, was 13,000, and at Messina 45,000.

Trial for Mal-Practice.—A writer in the Belknap Gazette, published at Meredith Bridge, N. H., gives a statement of facts in relation to a suit brought by Rufus Pike of Hebron, against Dr. Samuel H. Melcher of Groton, N. H., for mal-practice—damages being laid at $3,000. The case was on trial before a board of referees in Plymouth, N. H. It seems that Mr. Pike was thrown from his sleigh in the spring of 1852, severely injuring his shoulder. Dr. Melcher was sent for, and found him suffering great pain in the region of the shoulder joint, and decided it to be a fracture of the socket, with a partial dislocation, and treated it as such. For five or six weeks the patient was doing well, and was having the use of his arm; but, from either too much use, or carelessness, the fractured parts not being sufficiently firm, gave way. Sometime after this, he called on three other physicians in the neighborhood, who examined it, and pronounced it a *case of dislocation into* the *axilla* or armpit, *which had never been put in place.* Thereupon, Mr. Pike commenced the suit. On the trial, the testimony of the three physicians alluded to was mainly relied on by the plaintiff. The defendant met the charge by the testimony of Drs. Henry G. Clark of Boston, Smalley of Lyme, and Kelley of Franklin, who had, previous to testifying, requested the privilege of making an examination of the injury. Dr. Clark stated the injury to be a fracture of the glenoid cavity or socket, with a displacement of the "*humerus*," and *not a dislocation*, as it *was not in the axilla*, fully sustaining the defendant in his opinion of the injury and treatment of it at the time of the accident. His testimony was so clear and convincing, which was also confirmed by Drs. Smalley and Kelley, that the plaintiff proposed at once *to abandon the suit.*

Pulmonary Emphysema.—Mons. P. Gallard, of Paris, the reporter of the Lectures of M. Valleix, which have been translated by Dr. Park and re-published in this Journal, has lately published a memoir on emphysema and other affections of the lungs. It was first printed in the "Archives Générales de Medecine," and is now issued in a pamphlet form. The following eight propositions are presented by the author as the conclusions to which his researches have led him:—

1. Pulmonary emphysema often exists alone, and its cause can be attributed only to former attacks of bronchitis, traces of which are very difficult to discover in autopsies.

2. All those affections which induce frequent bronchitis or habitual cough, *may* and *do* cause the development of emphysema.

3. It has not been proved that pneumonia and pleurisy, although severe, must necessarily be followed by the production of this lesion.

4. Pleurisy, on the contrary, when there is pleuritic effusion, causes the *temporary* disappearance of the emphysema pre-existent in the lung compressed by the effused liquid.

5. Chronic diseases of the lungs, those especially which are characterized by the appearance of an abnormal product in the tissue of the organ itself, as cancer, calcareous concretions, and especially tubercles, may be considered as a powerful cause of the emphysematous development of a certain number of vesicles.

6. Pulmonary emphysema does not exercise any influence over the development or growth of tubercles.

7. Emphysema and tubercles are nevertheless far from being antagonistic or incompatible, since the presence of tubercles in the lungs is sufficient to induce emphysema.

8. It is, therefore, very bad practice to attempt the cure of tuberculous disease by the artificial induction of emphysema, inasmuch as tubercles are not influenced by emphysema, and the latter is spontaneously developed in phthisis.

The Cholera of 1854 *in Providence.*—Dr. G. L. Collins, of Providence, R. I., publishes in the Daily Journal of that city, some interesting statistics relating to the cholera epidemic there the present year. We gather from his article, that the disease commenced on the 16th of May, eleven days earlier than in 1849. Nine fatal cases occurred during that month, four of them in the same filthy lane in which the disease broke out in the former year. In June there were 8 fatal cases. No more cases occurred till the 22d of July, but from that date to the end of the month there were 13 deaths. During August there were 110; and in September, in the latter half of which month the disease wholly disappeared, there were 18 deaths. The whole number of deaths was 158, being 1 greater than in 1849, in which year there were 2 deaths by cholera in October and 4 in November. The epidemics of the two years mentioned were very similar in the time of their greatest fatality, as well as in the number of cases and their locality. The average age of those dying in 1849 was 34 years 3 months; in 1854, 31 years 2 months. The average age, from deaths by all causes in that city, is about 22 years. The proportion of the sexes was 81 males and 77 females; married, 81; single, 77: of the latter, 15 were widows or widowers. No colored person was reported among the deaths by cholera this year; in 1849, 11. About three-fourths of the whole number were foreigners. During the months of July, August and September, besides the 140 deaths reported by cholera, there were 97 by dysentery and 54 by cholera infantum.

The Cholera in London.—The Journal of Oct. 25th contained the number of deaths by cholera in London, from the time of its re-appearance in July, to the week ending Sept. 23d. Since then, the fatal cases have been as follows:—Week ending Sept. 30th, 754; Oct. 7th, 411; Oct. 14th, 249; Oct. 21st, 163. The total number of deaths in the city during the last-named week, was 1321, which was 300 above the average for the last 10 years, allowing for increase of population.

Prize Essay.—The Medical Society of Virginia offer "a medal or some suitable testimonial not to exceed fifty dollars in value," for the best essay on *Pneumonia*, presented to them before the 1st of March, 1855. Communications may be addressed to Dr. D. H. Tucker of Richmond, Dr. J. S. Davis of the University of Virginia, or J. J. Thweatt of Petersburg, the committee, and must be in the ueual form.—*Philad. Med. News.*

Therapeutical Novelty.—Mr. A. I. Mathews, druggist, of this city, has sent us a specimen package of Dr. Clertan's "Perles d' Ether," a new preparation now in use in Paris. The ether pearls are simply four or five drops of pure ether inclosed in a capsule, which readily dissolves in the fluids of the stomach. The pearls are as large as a large pea, and are taken as pills. Their advantage is found in the accuracy of the dose, the freedom from unpleasant taste or odor, and the avoidance of all loss by evaporation. The volatile nature of ether renders its neat administration a somewhat difficult feat, and its effect consequently somewhat uncertain. All these objections seem to be overcome in the "Perles d' Ether."—*Buffalo Med. Journal.*

Medical Miscellany.—There are 241 students in the medical department of the University of Nashville, Tenn., being a large increase over the number in attendance last winter.—The present (seventh) annual session of the New England Female Medical College has commenced with a respectable number of pupils; among whom are a larger proportion of *young* ladies than heretofore. The prospect is, that intelligent females, who will take a thorough course of study in this College (and we understand it encourages no other), will be prepared for usefulness in the community, by the practice of their profession.—A Dr. Ray killed a man by the name of Gaffney in a duel, near Columbus, Ohio, a short time since.—There are thirty-eight students, fourteen of whom are *ladies*, attending the New York Hydropathic Institute.—The Institution for training nurses at St. John's House, Queen-square, Westminster, are sending out a number of trained nurses for the camp hospitals of the Crimea.—Dr. Isaac Hays, who has been one of the Surgeons of Wills Hospital, Philadelphia, ever since it was first opened, now more than twenty years, has resigned; and Dr. Adinell Hewson has been elected in his place.

ERRATUM.—In last week's Journal, p. 315, line 3, for "insufficient" read *inefficient.*

TO CORRESPONDENTS.—The following communications have been received:—Notes of a Post-mortem Examination; Case of Gun shot Wound; On the Vital Endowments of Nerves; Reports of Cases from Huxham; Old and New Books.—A writer who calls himself "Sigma," is very severe, and probably not without reason, against the "unfledged Lycurguses" and the "Bombasteses" of the legal profession, as well as what he calls the "vipers," "jackalls" and "pigmies" in our own ranks, who have been concerned in some of the late trials for mal-practice, in different parts of the country. Perhaps he may sometime have an opportunity to carry his threat against the former into execution, and, as he says, "cleanse their vile bodies thoroughly with such remedies as our art affords"!

MARRIED,—In Hartford, Conn., Dr. Edward P. Nichols, of Newark, N. J., to Miss Mary E. Clark, of Hartford.—In Montpelier, Vt., Ezra Paine, M.D., to Miss Adeline B. Carver.—In West Cambridge, Richard L. Hodgdon, M.D., to Miss M. E. Wellington.

DIED,—In this city, Nov. 15th, Henry Oxnard, M D., aged 34 years.—In Unity, Me., Nov. 4th, Hon. Rufus Burnham, M D.; Dr. Alexander Boothby, 31.—In Dayton, Ohio, Dr. H. Van Tuyl, 49.—In Savannah, Geo., of yellow fever, Dr. Thomas M. Ellis and Dr. J. B. Saussy. Eight Physicians have died of the epidemic, the present season, in Savannah.

Deaths in Boston for the week ending Saturday noon, Nov. 18th, 58. Males, 36—females, 22. Accident, 2—asthma, 1—congestion of the brain, 1—consumption, 9—convulsions, 2—croup, 1—dysentery, 1—dropsy, 4—dropsy in the head, 2—infantile diseases, 2—puerperal, 4—typhoid fever, 3—scarlet fever, 1—hooping cough, 2—disease of the heart, 1—inflammation of the lungs, 4—disease of the liver, 3—suffocation, 2—smallpox, 5—teething, 2—thrush, 1—tumor, 1—unknown, 4.

Under 5 years, 17—between 5 and 20 years, 7—between 20 and 40 years, 18—between 40 and 60 years, 11—above 60 years, 5. Born in the United States, 36—Ireland, 19—Sweden, 1—Italy, 1—British Provinces, 1.

Soda an Antidote for Snake Bite, and the Sting of Poisonous Insects.—A correspondent in the South writes us as follows:—"An article in the Memphis and Arkansas Christian Advocate, copied from the St. Louis Medical Journal, has just fallen under my notice; and among other things it is said that alcohol, if brought in contact with the venom of serpents, is to a certain extent an antidote. As every one is liable at some time or other to come in contact with, and be bitten by serpents, such facts as this article contains, are of general interest. I am, therefore, induced to send you the following statement, in hopes that if it possesses any value, it may be further tested.

"Some short time since, while in conversation with a friend, he informed me that bicarbonate of soda applied to the sting of a wasp, hornet, or bee, would immediately relieve the pain, and prevent swelling. I have tried the remedy in two instances, and in both cases with the best result.

"Some time since, I had a negro who was bitten by a snake, about dark: he did not, however, let me know it until the next morning: I then had the leg (which was much swollen) bathed in warm water, and soda applied to the wound, and in two days the pain and swelling both were entirely relieved. The soda should be moistened a little with water before being used."—*St. Louis Med. and Surg. Journal.*

The Dr. Robertson.—This is the title of a new steamer just finished here, and now on her first trip. The name it bears is a deserved compliment to Dr. Felix Robertson, President of our flourishing University. Dr. Robertson was the first white male child born in this city, has lived here ever since, and is therefore the oldest inhabitant. He has steadily maintained his position as head of the profession of medicine in his native State for half a century. When we were studying medicine, the names of great western and south-western physicians were placed before us to stimulate us to an energetic prosecution of our studies. Here is the list—Drake of Ohio, Dudley of Kentucky, Robertson of Tennessee, Fearn of Alabama, and Cartwright of Mississippi. All these gentlemen are still living except the first named. Let the decline of their memorable lives be strewn with flowers by their grateful brethren.—*Nashville Jour. of Med. and Surgery.*

Meeting of the Vermont Society of Dental Surgeons.—An adjourned meeting of the Vermont Society of Dental Surgeons was held at Montpelier on the 25th and 26th ult., at which a large number of the dentists of the State was present. The organization of the Society was completed by the adoption of a Constitution and By-Laws, and the election of officers.

An Address was delivered in the Free Church in the evening by Chapin A. Harris, M.D., D.D.S., President of the Baltimore Dental College, which was listened to with much interest by a large and intelligent audience.—*Vt. Watchman.*

Garcia of Alvarez on the Utility of Flowers of Spartum Scoparia in Anasarca.—Rayer recommended a trial of this remedy in albuminous nephritis, and the above author has found it very serviceable in general anasarca following this disease. The patient was a man, æt. 40, and the anasarca was completely removed, and the albuminuria cured, by the administration of an infusion of the flowers of this plant for a period of fourteen days.—*El Siglo. Medico., Feb.*, 1854.